

# 2000 UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Mar 14, 2000 8:00 am**  
**Secretary of State**

03-14-2000 90086 048 \*\*\*\*61.25

**DOCUMENT # 710473**

1. Entity Name

**FIRST BAPTIST CHURCH OF LARGO, FLORIDA, INC.**

Principal Place of Business

Mailing Address

801 SEMINOLE BLVD  
 LARGO FL 33770  
 US

801 SEMINOLE BLVD  
 LARGO FL 33770-7427  
 US

822053



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

4. FEI Number

59-0774181

Applied For

Not Applicable

Zip

Country

Zip

Country

5. Certificate of Status Desired ☐

\$8.75 Additional  
 Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

Name

DAVID R. SEXSMITH

Street Address (P.O. Box Number is Not Acceptable)

1734 CRAWFORD AVE

City

CLEARWATER

FL

Zip Code

33756

~~BULTER, KELLY~~

~~1479 HUNT LN~~

~~CLEARWATER FL 33764~~

DAVID R. SEXSMITH  
 1734 CRAWFORD AVE.  
 CLEARWATER, FL 33756

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

DAVID R. SEXSMITH / David R. Sexsmith Mar. 8, 2000

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW:**  
**FEES IS \$61.25**

9. Election Campaign Financing  
 Trust Fund Contribution. ☐

\$5.00 May Be  
 Added to Fees

**Make Check Payable to**  
**Department of State**

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	VD	<input checked="" type="checkbox"/> Delete
NAME	<del>BULTER, KELLY</del>	
STREET ADDRESS	<del>1479 HUNT LN</del>	
CITY-ST-ZIP	<del>CLEARWATER FL 33764</del>	
TITLE	PD	<input type="checkbox"/> Delete
NAME	BURRELL, VIC	
STREET ADDRESS	13128 CIMARRON CIR N	
CITY-ST-ZIP	LARGO FL 33774	
TITLE	D	<input type="checkbox"/> Delete
NAME	SEXSMITH, DAVID	
STREET ADDRESS	1734 CRAWFORD AV	
CITY-ST-ZIP	CLEARWATER FL 33756	
TITLE	TD	<input checked="" type="checkbox"/> Delete
NAME	<del>BARLOW, JANICE</del>	
STREET ADDRESS	<del>137 WOODCREEK DR</del>	
CITY-ST-ZIP	<del>SAFETY HARBOR FL 34695</del>	
TITLE	TD	<input type="checkbox"/> Delete
NAME	BOX, ED	
STREET ADDRESS	10265 ULMERTON RD	
CITY-ST-ZIP	LARGO FL 33771	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MARY LAURANCE	
STREET ADDRESS	11196 126TH AVE	
CITY-ST-ZIP	LARGO, FL 33778	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	SHELBY EZELL	
STREET ADDRESS	900 S. KEENE RD	
CITY-ST-ZIP	CLEARWATER, FL 3	
TITLE	TD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	TODD BUTLER	
STREET ADDRESS	1566 PEACEFUL LANE N.	
CITY-ST-ZIP	CLEARWATER, FL 33756	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: DAVID R. SEXSMITH MAR. 8, 2000 727 584-5037

CR2E037 (9/99)